

Please help me reach my fundraising goal of \$ \_\_\_\_\_ by sponsoring me in the 2010 Sight & Sole Walk! Any donation amount is gladly accepted. Thank you for your support of the programs and services of Lighthouse Central Florida for those with severe low vision or blindness.

Name: \_\_\_\_\_  
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 E-mail: \_\_\_\_\_  
 Contribution: \$ \_\_\_\_\_

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 Contribution: \$ \_\_\_\_\_

\*Please photocopy this form for additional sponsors.



The poster features a purple background with yellow stars and a yellow musical note in the top left. The title "23rd Annual Sight & Sole WALK" is prominently displayed in the center, with "Sight & Sole" in a large, green, cursive font and "WALK" in a bold, green, sans-serif font. A purple masquerade mask with yellow stars and a yellow flower is positioned to the left of the word "WALK". Below the title, there are three photographs showing participants in yellow t-shirts walking, a man walking a dog, and a group of people walking. The date "Saturday February 20, 2010" is written in a green, cursive font. At the bottom left, the text "Benefitting:" is followed by the Lighthouse Central Florida logo, which includes a blue lighthouse icon and the text "LIGHTHOUSE CENTRAL FLORIDA VISION REHABILITATION RESOURCES". In the bottom right corner, there is a purple decorative swirl with yellow stars.

23rd Annual

# Sight & Sole WALK

Saturday  
February 20, 2010

Benefitting:

 **LIGHTHOUSE**  
CENTRAL FLORIDA  
VISION REHABILITATION RESOURCES

### Date & Time

Saturday February 20, 2010 (rain or shine)  
6:45 a.m. - Registration  
7:45 a.m. - Walk Begins  
8:15 a.m. - Awards Ceremony

**Location** - Universal Studios Orlando

### Admission

Each walker must raise a minimum of \$50 to participate and receive a park ticket for use on the day of the walk

### Beneficiary

The annual Sight & Sole Walk benefits Lighthouse Central Florida, a 501(c)3 non-profit organization providing rehabilitation services to children, teens and adults with blindness and severe sight impairment. A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL OR RECOMMENDATION BY THE STATE. 1.800.435.7352 REGISTRATION #CH980

**Parking** - Free parking in the Parking Garage

### Students

Student volunteer hours are available for participating in this event

### Registration

Register and set up a team page online (through February 18, 2010) at [www.lighthousecentralflorida.org](http://www.lighthousecentralflorida.org)

**\*Pre-event registration is recommended, especially for larger teams.**

Drop-off or mail completed registration form to:  
Lighthouse Central Florida  
215 East New Hampshire Street  
Orlando, FL 32804

Phone: 407.898.2483 x38  
Mary Lee Walker- Special Events Coordinator  
Or email [mlwalker@lcf-fl.org](mailto:mlwalker@lcf-fl.org)



### 2010 Sight & Sole Participant Registration Form

Last Name												First Name												MI
Street Address																								
Apt/Suite #				City																State				
Zip				E-mail Address:												DOB (mm-dd-yy)								
Work Phone												Home Phone												
T-shirt size (S, M, L, XL):												Team Name:												
Team Captain:												Team type:												
												___ Corporate ___ Friends & Family ___ School												
												___ Civic & Community ___ Individual (no team)												
Payment Type: ___ Cash ___ Check ___ Charge: ___ Visa ___ MC ___ Amex ___ Disc																								
Credit Card Number												Exp Date												
												/												

Amount Enclosed:

\$

Make checks payable to: **Lighthouse Central Florida**

Does your employer have a matching gifts program? \_\_\_ Y \_\_\_ N

Mail completed entry form to: Lighthouse Central Florida, 215 E. New Hampshire Street, Orlando, FL 32804, 407.898.2483

INCOMPLETE OR UNSIGNED ENTRY FORMS WILL NOT BE ACCEPTED. In consideration of my entry being accepted, I intend to be legally bound, and do hereby, for myself, my heirs, executors, waive and release all rights and claims for damages which may have or which may hereinafter accrue to me against Lighthouse Central Florida, Universal Orlando, and any of the sponsors in the event upon which I am entering, any subsidiary or political division thereof, or their respective officers, agents, directors, representatives, successors, assigns, and sponsors for any and all damages or injuries which may be sustained and suffered by me in connection with my association, entry or participation in the Sight & Sole event as mentioned above. If I should suffer injury or illness, I authorize officials of the walk to use their discretion to have me transported to a medical facility, and I take full responsibility for these actions. I hereby grant permission to any and all of the foregoing to use any photographs, videotapes, motion pictures, recordings or any other record of this event for any purpose. Bicycles, baby strollers/joggers, dogs (except Service Animals), inline/roller skates, headphones are prohibited. I HAVE READ THE ABOVE RELEASE AND UNDERSTAND THAT I AM ENTERING THIS EVENT AT MY OWN RISK

X

Participant Signature Required (If under 18, parent or legal guardian signature.)